

CLAIMS ONLY						Application Number 10 617 696	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						
2							
3							
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45							
46							
47							
48							
49							
50							
Total	1						
Indep	1						
Total	19						
Depend	19						
Total Claims	30						